

Public Health Legislation in Scotland – Response from Scottish Specialists in Pharmaceutical Public Health

Question 1 - Organisational Authority

1.3 whether there should be a requirement for the production of local Health Protection Plans and Statements, to be incorporated within Community Plans or Health Improvement Plans/Local Delivery Plans

A local Health Protection Plan is important but it could be incorporated with the local health improvement plan because of the considerable overlap between the two areas.

1.6 (a) whether the provision and statutory role for a DMO should be retained in new legislation

We believe the statutory role of the DMO should be retained and that this person should be dual qualified in public health and medicine to ensure the necessary expertise to manage the complexities the function, whilst drawing on the skills of a multidisciplinary public health team.

1.6 (b) if the role is retained should this role be a joint appointment between LA and NHS

We think this role should remain embedded within the NHS given the health related responsibilities

1.6 (c) if the role is retained, should we define qualifications/professions eligible to fulfil this role

Yes, as above

1.7 whether legislation should require that certain outcomes, including those which restrict liberty, need input from a competent person and, in particular, a professional with defined qualifications

Yes, essential because of the implications of restriction of liberty and the need for these to be based on sound assessment of individual and population risk

1.8 if so, whether these qualifications should be defined in regulations or guidance

Yes these should be defined and enforceable

1.9 whether powers for Scottish Ministers to intervene in public health matters should follow the principles already established in legislation

Yes

Question 2 - Notification Options

2.1 a new system of statutory notification to public health agencies, which a) has two lists: one on notifiable conditions and the second on reportable hazards

Agreed

d) includes the option to place a statutory duty on doctors to inform the patients of the notifiable condition as soon as possible

This should probably be a professional responsibility rather than a statutory one given the problems of enforcing such statutory issues.

e) defines a "reportable hazard" as any micro-organism or environmental hazard

This definition is very wide and needs clearer parameters

2.3 the proposal that the key issues to be considered prior to making a new condition or hazard reportable should be: a) cultural and moral sensitivities b) public health significance c) current ethical and legal guidance d) commercial considerations e) resource and quality issues

Public health has to be the main priority although other issues may be taken into consideration in the ongoing management

2.4 whether to continue to exclude sexually transmitted infections from any new notification system and whether any other disease or condition be excluded
STIs should be included as notifiable conditions.

Additional comments

Drug alerts to non pharmacies

With an increasing range of potent GSL medicines available from general retail outlets such as corner shops, supermarkets and garages as well as registered pharmacies, there is a need to review the process of issuing drug alerts. At the moment there is a dual responsibility between the NHS for NHS settings (ie community pharmacies) and the LA for non pharmacy outlets. This has the potential to lead to inconsistencies of timing and management which could be both confusing and potentially hazardous for the public. There should be a more robust process of co-ordination between the LA and NHS at either Scottish or local level, with this made explicit.

Disposal of used needles

There needs to be a formal mechanism for collating and reporting data on used needles. At the moment used needles are returned through a range of routes including needle exchanges, those disposed of in general waste and left as litter.